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1. File Number U - <u>2082</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2003</u> Through: <u>12</u> / <u>31</u> / <u>2003</u>
3. Name and address of person filing. Name <u>SCOTT</u> <u>WATKINS</u> P.O. Box, Bldg., Room No., if any <u>#A</u> Street <u>101 SOUTH CHERRY ST</u> City <u>O'FALLON</u> State <u>IL</u> ZIP Code + 4 <u>62465</u>	4. Name, file number, and address of labor organization. Name <u>L.I.U.N.A. LOCAL 670</u> Labor Organization File Number <u>0015236</u> P.O. Box, Building and Room Number, if any <u>#A</u> Street <u>101 SOUTH CHERRY ST</u> City <u>O'FALLON</u> State <u>IL</u> ZIP Code + 4 <u>62465</u>
5. Position in labor organization. <u>EXECUTIVE BOARD</u>	

<p><b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b></p>	
<p><b>6. Name and address of Employer (including trade name, if any).</b></p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/></p>	<p><b>7.a. Nature of Interest, Transaction, or Income.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>7.b. Amount.</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Scott V... On 5-9-06 Date 618 346 6960 Telephone Number

Name of Person Filing

SCOTT VITEK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name FOUND FAIR CONTRACT S.W. IL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3 MEADOW HEIGHTS DR

City COLLINSVILLE

State IL ZIP Code + 4 62234

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name FOUND FAIR CONTRACT S.W. IL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3 MEADOW HEIGHTS DR

City COLLINSVILLE

State IL ZIP Code + 4 62234

## 11.a. Nature of such dealing.

ORGANIZER FOR THE ORGANIZATION

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

SALARY BENEFIT AND REIMBURSED EXPENSE

## 12.b. Amount.

26,284

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.